

ACKNOWLEDGEMENT OF NOTIFICATION HAZARDOUS WASTE ACTIVITY

Region 2

04/20/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000145730

INSTALLATION NAME:

31-11 THOMPSON LLC

INSTALLATION ADDRESS:

31-11 THOMPSON AVE

LONG ISLAND CITY, NY 11101

MAILING ADDRESS:

31-11 THOMPSON AVE

LONG ISLAND CITY, NY 11101

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: 31-11 THOMPSON LLC

or Current Occupant

ATTN: PETER O'CONNER

31-11 THOMPSON AVE

LONG ISLAND CITY, NY 11101





OMB#: 2050-0028 Expires 06/30/2009

| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Pr | | | The state of the s | |
|---|---|-------------|--------------------|--|--|
| Reason for | Reason for Submittal: | | | | |
| Submittal (See instructions on page 13.) | To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) | | | | |
| on page 13.) | \square To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) | | | | |
| MARK ALL BOX(ES) THAT APPLY | ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application | | | | |
| 11/31/20121 | ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) | | | | |
| | ☐ As a component of the Hazardous Waste Report | | | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number N. Y. R. O. O. O. 1. | 45.7 | 30 | | |
| 3. Site Name (page 14) | Name: 31-11 Thompso | on Ll | | | |
| 4. Site Location | Street Address: 31-11 thomason Ave | | | | |
| Information (page 14) | 31-11 Thompson LLC Street Address: 31-11 Thompson Ave City, Town, or Village: Long Island City | | | State: NY | |
| | County Name: Queens | | | Zip Code: [] (O) | |
| 5. Site Land Type (page 14) | Site Land Type: ☑ Private ☐ County ☐ District | ☐ Federal [| ☐ Indian ☐ Municip | al ☐ State ☐ Other | |
| 6. North American Industry | A | B. I | | | |
| Classification System (NAICS) Code(s) for the Site (page 14) | C. | D. I | | J | |
| 7. Site Mailing Address | Street or P. O. Box: 31-11 Thon | npsor | 1 Ave | | |
| (page 15) | City, Town, or Village: Long Island aty | | | | |
| | State: New York | | | | |
| | Country: | | Zip Code: | 0) | |
| 8. Site Contact | First Name: Peter | MI: | Last Name: | nnor | |
| Person (page 15) | Phone Number: Extension: | | Email address: | 11 | |
| 0. On another and | A. Name of Site's Operator: | | 1. *** | ator (mm/dd/yyyy): | |
| 9. Operator and Legal Owner | The Feil Organization | | | | |
| of the Site (pages 15 and 16) | Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other | | | | |
| (pagoo to alla to) | B. Name of Site's Legal Owner: | | Date Became Own | er (mm/dd/yyyy): | |
| | The Feil Org | | | | |
| | Owner Type: ☑ Private ☐ County ☐ District | ☐ Federal | ☐ Indian ☐ Municip | al State Other | |

| EPA ID NO: II_ | <u> _ </u> | 111 | | OMB#: 2050-0028 Expires 06/30/2006 |
|--|--|-----------------------|-------------|--|
| 9. Legal Owner | Street or P. O. Box: | 7 Penn | | 21 497 A 20 C |
| (Continued) Address | City, Town, or Village: | A 1 | , | 1070 3:43 |
| | State: | New Yo- | Jk_ | |
| | Country: | NY | | The state of the s |
| | | USA | | Zip Code: 1000 1 |
| 10. Type of Regulated Mark "Yes" or "No | Waste Activity " for all activities; complete an | ny additional boxes a | s instructe | ed. (See instructions on pages 17 to 20.) |
| A. Hazardous Wa Complete all pa | ste Activities arts for 1 through 6. | | | |
| Y□N□ 1. Generator | | | YOND | 2. Transporter of Hazardous Waste |
| If "Yes", c | hoose only one of the following | g - a, b, or c. | | / |
| 🗖 a. LQG | Greater than 1,000 kg/mo (2,20 | | YLINDA | 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A |
| | of non-acute hazardous waste; | or | | hazardous waste permit is required for this |
| b. SQG | 100 to 1,000 kg/mo (220 - 2,20 | 0 lbs./mo.) | | activity. |
| | of non-acute hazardous waste; | or | YONDY | 4. Recycler of Hazardous Waste (at your |
| C. CESO | QG: Less than 100 kg/mo (220 lb | os /mo) | | site) |
| | of non-acute hazardous was | | YOND | 5. Exempt Boiler and/or Industrial Furnace |
| In addition, i | ndicate other generator activiti | | | If "Yes", mark each that applies. |
| | | | | a. Small Quantity On-site Burner Exemption |
| Y 🗖 N 🖾 d. Unite | d States Importer of Hazardous V | Waste | | ☐ b. Smelting, Melting, and Refining |
| Y O N O e. Mixed | d Waste (hazardous and radioact | ive) Generator | YOND | 6. Underground Injection Control |
| B. Universal Waste | Activities | | | sed Oil Activities |
| VINDA James O | | | | lark all boxes that apply. |
| 5,000 kg or | tity Handler of Universal Waste more) [refer to your State regu | accumulate | | |
| determine v | hat is regulated]. Indicate type | es of universal | YUNU1 | . Used Oil Transporter |
| mark all bo | ces that apply: | | | If "Yes", mark each that applies. ☐ a. Transporter |
| | Manage | 2 | | ☐ b. Transfer Facility |
| a. Batteries | | | YONE | . Used Oil Processor and/or Re-refiner |
| b. Pesticides | | | | If "Yes", mark each that applies. |
| c. Thermostat | s 📮 | | | □ a. Processor□ b. Re-refiner |
| d. Lamps | | | | |
| | ify) | | YONE 3 | . Off-Specification Used Oil Burner |
| | ify) | | Y O N O 4. | . Used Oil Fuel Marketer |
| g. Other (spec | ify) | | | If "Yes", mark each that applies. |
| / | | | | a. Marketer Who Directs Shipment of Off-Specification Used Oil to |
| N 2. Destination | Facility for Universal Waste | | | Off-Specification Used Oil Burner |
| Note: A hazard | lous waste permit may be require | ed for this activity. | | b. Marketer Who First Claims the |
| DA E 0700 10 15 | | | | Used Oil Meets the Specifications |

| LFA ID NO. | _''' | <u>''</u> | .''' | | OMB#: 2050-0028 | Expires 06/30/2009 |
|--|---|---|--|---|---|---|
| 11. Description | of Hazardous Waste | s (See instruction | ns on page 21.) | 200 | 1A33-3 PM 3 | : 42 |
| handled at yo | es for Federally Reg our site. List them in t a if more spaces are r | he order they are p | | st the waste codes | of the Federal hazar | dous wastes |
| 3002 | | | | | | |
| | | | | | | |
| | | | | | | |
| hazardous v | es for State-Regular wastes handled at you re needed for waste of | ur site. List them in | eral) Hazardous Wa n the order they are | astes. Please list th presented in the reg | e waste codes of the ulations. Use an ad | e State-regulated ditional page if |
| B002 | | | | | | |
| | | | | | | |
| | | | | | | |
| 12. Comments (| See instructions on | page 21.) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| on my inquiry of the information submit penalties for subm | I certify under penal in a system designed to be person or persons tted is, to the best of a hitting false information zardous Waste Part A is on page 21.) | to assure that quali who manage the s my knowledge and n, including the po | ified personnel propo ystem, or those pers belief, true, accurat ssibility of fine and in | erly gather and eval sons directly respon- te, and complete. I a mprisonment for kno | uate the information sible for gathering th m aware that there a owing violations. | submitted. Based e information, the are significant |
| Signature of operauthorized representation | rator, owner, or an sentative | Name and Office | cial Title (type or p | rint) | | Date Signed (mm/dd/yyyy) |
| For: | | Teffi | ey J Fei | | | 3/12/07 |
| | AKT | | | | | |
| | 11, | | | | | |
| EPA Form 8700- | 12 (Revised 7/2006 | 6) | | | | Page 3 of 3 |

Page 3 of 3



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Region 2

07/26/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000145730

INSTALLATION NAME: 31-11 THOMSON LLC

INSTALLATION ADDRESS: 31-11 THOMSON AVE

LONG ISLAND CITY, NY 11101

MAILING ADDRESS:

30-20 THOMSON AVE

LONG ISLAND CITY, NY 11101

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-3056

TO: 31-11 THOMSON LLC

or Current Occupant

ATTN: PETER O'CONNER

30-20 THOMSON AVE

LONG ISLAND CITY, NY 11101



10-59 Jackson Avenue, Long Island City NY 11101 Ph 718-947-1400 Fax: 718-947-1401

Fax cover page:

| Attention: Carrie Smith | From: Even Air, Inc. | |
|-------------------------|----------------------|-----------------|
| Company: DEPP-RPB? | Date: 7-12-07 | |
| Fax: 212-637-4437 | Number of pages: | including cover |

Re: EPA I.D # NYR000145730

| Comments: | |
|--|---|
| Correct mailing address for Peter O'Conner. | |
| | |
| | _ |
| | |

John TOM BANK

2003

Jul 12 2007 12:40PM H&BCONSTRUCTION
05/12/2007 12:08 FAX 718 837 7885 JEFFRE

7189394257

TOTAL P. 002

JEFFREY MANAGEMENT

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RAZARDOUS WASTE ACTIVITY

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04/20/2007

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TTA I.D. NUMBER

NYRED 08145730

MITALLATION NAME

31-11-THOMPSON LLC

INSTALLA PION ADDRESS

STAT THOMPSON AVE LONG ISLAND CITY, NY 11101

MALLING ADDRESS:

14-14 THORESON AVE 30-20 THOMSON AVENU LONG ISLAND CITY, NY 11701

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11101

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(ISEPA - REGION 2 RCRA Programs Branch 278 Brandway, 22nd Pinur New York, NY 10007-1866

ATTN: RORA NOTIFICATIONS

Tel: (213) 637-4106 Fun: (213) 637-3054 ted-

TO: 31-11 THOMPSON LLC

ATTN: PRTER O'CONNER

■ 30-20 Thomson Avenue.

LONG BLAND CITY, NY 11101

1 215 Dat 4001

ELV

10-10-3007 16:30

RCRA Site Detail

3936 -

Report run on: June 25, 2007 - 3:44 PM

Page 3

| EPA Region 02 Extract Flag: Y Facility | Identifie | C County: QUEENS | | | Service Services |
|---|--|--|---------------------------|--|---|
| Universes Generator: | SQG | | Activ | re: Y | |
| Operating TSD |)F: | IC In Place: N | El In | dicator (HE / GW): N / N | |
| Activity Location: NY Source Type: Notifica | tion | Seq. Number: 1 | Receive | Date: 03 APR 2007 | |
| Other/Previous Site Name: 31-11 THOMPSON LLC | | | | | |
| Location 31-11 THOMPSON AVE Address: LONG ISLAND CITY, NY 11101 | | Mailing Address: | LONG I | HOMPSON AVE SLAND CITY, NY 11101 STATES | |
| | | OMPSON AVE LAND CITY, NY 11101 STATES | F | AX 71893778 | 185 |
| Owner (current) THE FEIL ORGANIZATION From: 04/03/2007 To: | NEV | ENN PLAZA W YORK, NY 10001 W YORK | | Type: Private Phone: | |
| Operator (current) THE FEIL ORGANIZATION From: 04/03/2007 To: | | | | Type: Private Phone: | |
| Land Type: Private Non Notifier: Accessibility: No. Employees: | No : | Commercial Availa State District: NYS | | nown Tsd Date: | *************************************** |
| NAICS Codes: 53119 Lessors of Other Real Es | state Prop | erty | | | |
| Notes: LOCATION ADDRESS FOUND IN THE US PO Regulated Waste Activities Hazardous Waste Generator Status - Federal: Small Transfer Facility: | | | et Determi | ned | 4 1 5 5 |
| Other Hazardous Waste Generator Activities | | Used Oil Transporter Activ | ity | Off-Specification Used Oil Burner: | No |
| | | Osca Oli Transportei Activ | ity | On-opecinication osca On Burner. | |
| Importer Activity: Mixed Waste Generator: | No No | Transporter: Transfer Facility: | No No | Used Oil Fuel Marketer Activity | × × |
| | | | No | Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: | No |
| Mixed Waste Generator: Transporter Activity: TSD Activity: | No No | Trans ^f er Facility: Used Oil Processor and/or Re-refiner Activity Processor: | No No | Marketer who directs shipment off-specification used oil to | |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: | No No No | Trans ^t er Facility: Used Oil Processor and/or Re-refiner Activity | No | Marketer who directs shipment off-specification used oil to off-specification used oil burner: | |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: | No No No | Trans ^f er Facility: Used Oil Processor and/or Re-refiner Activity Processor: | No No | Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used | No |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, melting, Refining Furnace Exemption: Description of Hazardous Wastes (as reported on Site | No No No No | Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner: Underground Injection Control: | No No No | Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used oil meets the specifications: Destination Facility for | No No |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, melting, Refining Furnace Exemption: Description of Hazardous Wastes (as reported on Site | No | Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner: Underground Injection Control: | No No No | Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used oil meets the specifications: Destination Facility for | No No |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, melting, Refining Furnace Exemption: Description of Hazardous Wastes (as reported on Site | No | Transter Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner: Underground Injection Control: | No No No | Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used oil meets the specifications: Destination Facility for Universal Waste: | No No |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, melting, Refining Furnace Exemption: Description of Hazardous Wastes (as reported on Site State Waste Codes: NY-B002 Activity Location: NY Source Type: Implementation | No No No No No No No No No | Transter Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner: Underground Injection Control: | No No No Receive | Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used oil meets the specifications: Destination Facility for Universal Waste: | No No |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, melting, Refining Furnace Exemption: Description of Hazardous Wastes (as reported on Site State Waste Codes: NY-B002 Activity Location: NY Source Type: Implementation of the State Name: 31-11 THOMPSON LLC Location 31-11 THOMPSON AVE | No No No No No e Identifica enter 31-11 LONG | Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner: Underground Injection Control: tion Form) Seq. Number: 1 Mailing | No No No Receive | Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used oil meets the specifications: Destination Facility for Universal Waste: Part Date: 02 APR 2007 HOMPSON AVE SLAND CITY, NY 11101 | No No |
| Mixed Waste Generator: Transporter Activity: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, melting, Refining Furnace Exemption: Description of Hazardous Wastes (as reported on Site State Waste Codes: NY-B002 Activity Location: NY Source Type: Implementation of the State Waste Name: 31-11 THOMPSON LLC Location 31-11 THOMPSON AVE Address: LONG ISLAND CITY, NY 11101 Contact Person PETER O'CONNER For Source (718) 937-7474 | No No No No No e Identifica enter 31-11 LONG | Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner: Underground Injection Control: tion Form) Seq. Number: 1 Mailing Address: THOMPSON AVE ISLAND CITY, NY 11101 | No No No Receive | Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used oil meets the specifications: Destination Facility for Universal Waste: Part Date: 02 APR 2007 HOMPSON AVE SLAND CITY, NY 11101 DISTATES | No No |

SQG LOCATION ADDRESS FOUND IN THE US POST OFFICE INTERNET SEARCH